

DEMOGRAPHIC AND HEALTH SURVEYS  
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)				
PLACE NAME _____				
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER .....				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
HOUSEHOLD NUMBER .....				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NAME AND LINE NUMBER OF WOMAN _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	_____	_____	_____	YEAR <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	_____	_____		INT. NO. <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	_____	_____		RESULT* <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> </div> <div>           LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div>           NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div>           TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div>           LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b> </div> <div>           **LANGUAGE CODES:            01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5            02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6         </div> </div>				
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		OFFICE EDITOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>
KEYED BY <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		KEYED BY <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 50px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-around;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>NAME</div> <div>NUMBER</div> </div>		

(1) This section should be adapted for country-specific survey design.

Note: Questions with highlighting in the question number column may be deleted in some circumstances (see footnotes). Brackets [ ] indicate items that should be adapted on a country-specific basis.

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225:  ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.  <b>PREGNANCY OUTCOME TYPE</b> MOST RECENT LIVE BIRTH            1 PRIOR LIVE BIRTH                    2 MOST RECENT STILLBIRTH           3 PRIOR STILLBIRTH                    4 ABORTION OR MISCARRIAGE        5	PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/> PREGNANCY HISTORY NUMBER    .. <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE ..... <input type="text"/>	
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER ..... <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 ABORTION/MISCARRIAGE ..... 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 408
407	RECORD NAME FROM 218.  NAME .....		
408	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 a) When you got pregnant with (NAME), did you want to get pregnant at that time? PREGNANCY TYPE <input type="checkbox"/> 3, 4, OR 5 b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES ..... 1 NO ..... 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
409	Did you want to have a baby later on, or not at all?	LATER ..... 1 NOT AT ALL ..... 2	→ 411				
410	How much longer did you want to wait?	MONTHS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEARS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... .998					
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4 ABORTION/MISCARRIAGE ..... 5	→ 434 → 434 → 475				
412	Did you see anyone for antenatal care for this pregnancy?	YES ..... 1 NO ..... 2	→ 414				
413	CHECK 405: PREGNANCY OUTCOME TYPE  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             MOST RECENT LIVE BIRTH (SKIP TO 420) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> </div> <div style="text-align: center;">             MOST RECENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> STILLBIRTH           </div> </div>				→ 426		
414 (1)	Whom did you see?  Anyone else?  PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	<b>HEALTH PERSONNEL</b> DOCTOR ..... A NURSE/MIDWIFE ..... B AUXILIARY MIDWIFE ..... C  <b>OTHER PERSON</b> TRADITIONAL BIRTH ATTENDANT ..... D COMMUNITY HEALTH WORKER/ FIELD WORKER ..... E  OTHER _____ X <div style="text-align: center;">(SPECIFY)</div>					

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																																													
415 (1)	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>HOME</b></p> <p>HER HOME ..... A</p> <p>OTHER HOME ..... B</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... C</p> <p>GOVERNMENT HEALTH CENTER ..... D</p> <p>GOVERNMENT HEALTH POST ..... E</p> <p>OTHER PUBLIC SECTOR ..... F</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... G</p> <p>PRIVATE CLINIC ..... H</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... I</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... J</p> <p>NGO CLINIC ..... K</p> <p>OTHER NGO MEDICAL SECTOR ..... L</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>																																													
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	<p>WEEKS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>MONTHS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ..... 998</p>																																													
417	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ..... 98</p>																																													
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr><td>a) Measure your blood pressure?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) Take a urine sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) Take a blood sample?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) Listen to the baby's heartbeat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) Talk with you about which foods you should eat?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) Talk with you about breastfeeding?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) Ask you if you had vaginal bleeding?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) Weigh you?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) Talk with you about when the baby is due or will arrive?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) Tell you to pay attention to the baby's movements?</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Measure your blood pressure?	1	2	8	b) Take a urine sample?	1	2	8	c) Take a blood sample?	1	2	8	d) Listen to the baby's heartbeat?	1	2	8	e) Talk with you about which foods you should eat?	1	2	8	f) Talk with you about breastfeeding?	1	2	8	g) Ask you if you had vaginal bleeding?	1	2	8	h) Weigh you?	1	2	8	i) Talk with you about when the baby is due or will arrive?	1	2	8	j) Tell you to pay attention to the baby's movements?	1	2	8	
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MH1	During (any of) your antenatal care visit(s), were you told by a healthcare provider about danger signs that might indicate problems with the pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																													
MH2	Were you told by a healthcare provider where to go if you experienced danger signs of serious health problems during the pregnancy?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>																																													

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																													
MH3	During (any of) your antenatal care visit(s), did any healthcare provider discuss with you any of the following preparations for giving birth:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Where you planned to deliver your baby?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) If you wanted to have a relative, friend or neighbor with you during labor or delivery?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) Transportation to where the baby would be born?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) What funds or finances you would use for the delivery?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) Asking someone to be a blood donor if you needed blood?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) Finding a healthcare provider to deliver your child?</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DK	a) Where you planned to deliver your baby?				b) If you wanted to have a relative, friend or neighbor with you during labor or delivery?				c) Transportation to where the baby would be born?				d) What funds or finances you would use for the delivery?				e) Asking someone to be a blood donor if you needed blood?				f) Finding a healthcare provider to deliver your child?				
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419	CHECK 405: PREGNANCY OUTCOME TYPE  <div style="display: flex; justify-content: space-around;"> <div>             MOST RECENT LIVE BIRTH <input type="checkbox"/> </div> <div>             MOST RECENT STILLBIRTH <input type="checkbox"/> </div> </div>		→ 426																												
420 (2)	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 423																												
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																													
422	CHECK 421:  <div style="display: flex; justify-content: space-around;"> <div>             ONE TIME OR DK <input type="checkbox"/> </div> <div>             TWO OR MORE TIMES <input type="checkbox"/> </div> </div>		→ 426																												
423	At any time before this pregnancy, did you receive any tetanus injections?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 426																												
424	Before this pregnancy, how many times did you receive a tetanus injection?  IF 7 OR MORE TIMES, RECORD '7'.	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																													
425	CHECK 424:  <div style="display: flex; justify-content: space-around;"> <div>             ONLY ONE <input type="checkbox"/> </div> <div>             MORE THAN ONE TIME <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around;"> <div>a) How many years ago did you receive that tetanus injection?</div> <div>b) How many years ago did you receive the last tetanus injection prior to this pregnancy?</div> </div>	YEARS AGO ..... <input type="text"/> <input type="text"/>																													
426 (3)	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?  SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 429																												

SECTION 4. PREGNANCY AND POSTNATAL CARE

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427 (1) (3)	<p>Where did you get the iron tablets or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVERNMENT HEALTH CENTER ..... B</p> <p>GOVERNMENT HEALTH POST ..... C</p> <p>MOBILE CLINIC ..... D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER ..... E</p> <p>OTHER PUBLIC SECTOR ..... F</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... G</p> <p>PRIVATE CLINIC ..... H</p> <p>PHARMACY ..... I</p> <p>PRIVATE DOCTOR ..... J</p> <p>MOBILE CLINIC ..... K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER ..... L</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... M</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... N</p> <p>NGO CLINIC ..... O</p> <p>OTHER NGO MEDICAL SECTOR ..... P</p> <p align="center">(SPECIFY)</p> <p><b>OTHER SOURCE</b></p> <p>SHOP ..... Q</p> <p>MARKET ..... R</p> <p>[MASS DISTRIBUTION CAMPAIGN] ..... S</p> <p>OTHER ..... X</p> <p align="center">(SPECIFY)</p>	
428 (3) (4)	<p>During the whole pregnancy, for how many days did you take the iron tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>DON'T KNOW ..... 998</p>	
429 (5)	During this pregnancy, did you take any medicine for intestinal worms?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
430 (6)	During this pregnancy, did you receive food or cash assistance through the [INSERT NAME OF PROGRAM FOR CASH OR FOOD ASSISTANCE FOR PREGNANT WOMEN] program?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
431 (7) (8)	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 434
432 (7)(8)	How many times did you take SP/Fansidar during this pregnancy?	<p>TIMES ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
433 (7) (8)	<p>Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?</p> <p>IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.</p>	<p>ANTENATAL VISIT ..... 1</p> <p>ANOTHER FACILITY VISIT ..... 2</p> <p>OTHER SOURCE ..... 6</p>	
434 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 1 OR 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 3 OR 4 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>a) Who assisted with the delivery of (NAME)? Anyone else?</p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... A</p> <p>NURSE/MIDWIFE ..... B</p> <p>AUXILIARY MIDWIFE ..... C</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... D</p> <p>RELATIVE/FRIEND ..... E</p> <p>OTHER ..... X (SPECIFY)</p> <p>NO ONE ASSISTED ..... Y</p>	
435 (1)	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 1 OR 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 3 OR 4 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>a) Where did you give birth to (NAME)?</p> <p>b) Where did you deliver this stillbirth?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR ..... 26 (SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36 (SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46 (SPECIFY)</p> <p>OTHER ..... 96 (SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>
436	<p>CHECK 405:</p> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 1 OR 2 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> PREGNANCY TYPE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> 3 OR 4 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table></p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
MH4	CHECK 403A: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 PRIOR LIVE BIRTH ..... 2 MOST RECENT STILLBIRTH ..... 3 PRIOR STILLBIRTH ..... 4	→ 437  → 437
MH5	CHECK 405:  PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3  a) Did a healthcare provider measure your blood pressure in the health facility before you gave birth to (NAME)? b) Did a healthcare provider measure your blood pressure in the health facility before you gave birth?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
MH6	Some women prefer to have someone in addition to the health facility staff, such as their husband, another relative or a friend, stay with them during labor or delivery.  While you were in labor, did you want to have someone in addition to the staff at the health facility stay with you?	YES ..... 1 NO ..... 2 NO LABOR/ PLANNED CAESAREAN SECTION ..... 3	→ MH10 → 437
MH7	While you were in labor, was the person you wanted with you?	YES ..... 1 NO ..... 2	→ MH9
MH8	While you were in labor, how much of the time was this person allowed to stay with you: some of the time, most of the time, or all of the time?	SOME OF THE TIME ..... 1 MOST OF THE TIME ..... 2 ALL OF THE TIME ..... 3	→ MH10
MH9	Why was that person not with you during labor?	FACILITY DID NOT ALLOW ..... 1 ABSENT FOR OTHER REASON ..... 2 DON'T KNOW ..... 8	
MH10	During delivery, did you want to have someone in addition to the staff at the health facility stay with you?	YES ..... 1 NO ..... 2	→ MH14
MH11	During delivery, was the person you wanted with you?	YES ..... 1 NO ..... 2	→ MH13
MH12	During delivery, how much of the time was this person allowed to stay with you: some of the time, most of the time, or all of the time?	SOME OF THE TIME ..... 1 MOST OF THE TIME ..... 2 ALL OF THE TIME ..... 3	→ MH14
MH13	Why was that person not with you during delivery?	FACILITY DID NOT ALLOW ..... 1 ABSENT FOR OTHER REASON ..... 2 DON'T KNOW ..... 8	
MH14	CHECK 405:  PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3  a) When (NAME) was born, was an instrument used to help pull the baby out, such as forceps or vacuum suction? b) For this stillbirth, was an instrument used to help pull the baby out, such as forceps or vacuum?  SHOW PICTURES.	YES, FORCEPS ..... 1 YES, SUCTION ..... 2 YES, DON'T KNOW WHAT INSTRUMENT ..... 3 NO ..... 4 DON'T KNOW ..... 8	



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
MH15	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p> <p>a) When you were in labor with or giving birth to (NAME), did you ever feel like you were being ignored or neglected by health facility staff?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p> <p>b) During labor or delivery for this stillbirth, did you ever feel like you were being ignored or neglected by health facility staff?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
MH16	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p> <p>a) When you were in labor with or giving birth to (NAME), did you have privacy, for example, were you surrounded by curtains, or did you have a separate room?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p> <p>b) During labor or delivery for this stillbirth, did you have privacy, for example, were you surrounded by curtains, or did you have a separate room?</p> </div> </div> <p>IF YES, PROBE TO IDENTIFY TYPE OF PRIVACY.</p>	<p>NO ..... 1</p> <p>YES, SEPARATE ROOM ..... 2</p> <p>YES, CURTAINS ..... 3</p> <p>YES, OTHER _____ 6</p> <p align="center">SPECIFY</p> <p>DON'T KNOW ..... 8</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH ..... 1</p> <p>PRIOR LIVE BIRTH ..... 2</p> <p>MOST RECENT STILLBIRTH ..... 3</p> <p>PRIOR STILLBIRTH ..... 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>
438	After the birth, was (NAME) put on your chest?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 441
439	Was (NAME)'s bare skin touching your bare skin?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 441
440	How long after birth was (NAME) put on the bare skin of your chest?	<p>IMMEDIATELY ..... 000</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p> <p>HOURS ..... 1 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table></p>	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE ..... 1</p> <p>LARGER THAN AVERAGE ..... 2</p> <p>AVERAGE ..... 3</p> <p>SMALLER THAN AVERAGE ..... 4</p> <p>VERY SMALL ..... 5</p> <p>DON'T KNOW ..... 8</p>	
442	Was (NAME) weighed at birth?	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 444

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																					
443	How much did (NAME) weigh?  RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>  DON'T KNOW ..... 99998																					
444	CHECK 405: PREGNANCY OUTCOME TYPE  MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480																				
445	CHECK 435: PLACE OF DELIVERY  FACILITY BIRTH: ANY CODE <input type="checkbox"/> 21 THROUGH 46 CIRCLED	CODE 11, 12, OR 96 <input type="checkbox"/> CIRCLED	→ 464																				
MH17	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all:  a) Treat you with respect? b) Explain to you why they were doing examinations or procedures on you? c) Take the best care of you?	<table> <tr> <td></td> <td>ALL THE TIME</td> <td>SOME OF THE TIME</td> <td>NOT AT ALL</td> </tr> <tr> <td>a) RESPECT .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) EXPLAIN .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) BEST CARE .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		ALL THE TIME	SOME OF THE TIME	NOT AT ALL	a) RESPECT .....	1	2	3	b) EXPLAIN .....	1	2	3	c) BEST CARE .....	1	2	3					
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a) RESPECT .....	1	2	3																				
b) EXPLAIN .....	1	2	3																				
c) BEST CARE .....	1	2	3																				
MH18	At any time during your stay in the health facility, did you:  a) Share a bed with another patient? b) Rest or sleep on the floor without any mattress?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SHARE BED .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) SLEEP ON FLOOR .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SHARE BED .....	1	2	8	b) SLEEP ON FLOOR .....	1	2	8									
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a) SHARE BED .....	1	2	8																				
b) SLEEP ON FLOOR .....	1	2	8																				
MH19	At any time during your stay in the health facility, were you denied medical services due to a lack of money?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																					
MH20	Were you delayed or prevented from leaving the health facility due to lack of payment?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																					
MH21	At any time during your stay in the health facility, did any staff member:  a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SLAP .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HIT OR PUNCH .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) PHYSICALLY THREATEN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER PHYSICAL HARM .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SLAP .....	1	2	8	b) HIT OR PUNCH .....	1	2	8	c) PHYSICALLY THREATEN .....	1	2	8	d) OTHER PHYSICAL HARM .....	1	2	8	
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c) PHYSICALLY THREATEN .....	1	2	8																				
d) OTHER PHYSICAL HARM .....	1	2	8																				
MH22	At any time during your stay in the health facility, did any staff member:  a) Shout at you? b) Say or do something to humiliate you? c) Verbally threaten you? d) Verbally mistreat you in any other way?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) SHOUT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) HUMILIATE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) VERBALLY THREATEN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) OTHER VERBAL MISTREATMENT .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) SHOUT .....	1	2	8	b) HUMILIATE .....	1	2	8	c) VERBALLY THREATEN .....	1	2	8	d) OTHER VERBAL MISTREATMENT .....	1	2	8	
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c) VERBALLY THREATEN .....	1	2	8																				
d) OTHER VERBAL MISTREATMENT .....	1	2	8																				
MH23	Did the health facility have a toilet or latrine for patients?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 447																				
MH24	Was there any time when you wanted to use the toilet or latrine, but it was not working?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																					

SECTION 4. PREGNANCY AND POSTNATAL CARE

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447	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>PREGNANCY TYPE 1 <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> </div> <div style="text-align: center;"> <p>PREGNANCY TYPE 3 <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> </div> </div> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW .....998</p> </div> <div style="text-align: right;"> <table border="1" style="display: inline-table; width: 40px; height: 40px; vertical-align: middle;"></table> </div> </div>	
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 451
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<div style="display: flex; justify-content: space-between;"> <div> <p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW .....998</p> </div> <div style="text-align: right;"> <table border="1" style="display: inline-table; width: 40px; height: 40px; vertical-align: middle;"></table> </div> </div>	
450 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MOST RECENT LIVE BIRTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MOST RECENT STILLBIRTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table></p> <p>→</p> </div> </div>		→ 455
MH25	<p>In the first two days after (NAME's) birth, where did (NAME) stay most of the time during the day and at night, in the same room with you or in a separate room?</p>	<p>SAME ROOM ..... 1</p> <p>SEPARATE ROOM ..... 2</p> <p>DON'T KNOW ..... 8</p>	
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 455

SECTION 4. PREGNANCY AND POSTNATAL CARE

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453	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW .....998</p>							
454 (1)	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
455	<p>Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 459						
456	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW .....998</p>							
457 (1)	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

SECTION 4. PREGNANCY AND POSTNATAL CARE

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458 (1)	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR ..... 26</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center">MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p align="center">MOST RECENT STILLBIRTH <input type="checkbox"/></p>		<p align="right">→ 474</p>						
460	<p>After (NAME) left (FACILITY IN 435) did any healthcare provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p align="right">→ 473</p>						
461	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	<table border="1" style="width: 100px; height: 60px; margin-left: auto; margin-right: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
462 (1)	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>							

## SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
463 (1)	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR ..... 26</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p style="text-align: center;">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46</p> <p style="text-align: center;">(SPECIFY)</p> <p>OTHER ..... 96</p> <p style="text-align: center;">(SPECIFY)</p>	→ 473						
464	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>1 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>3 ↓</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p> </div> </div>			<p>YES ..... 1</p> <p>NO ..... 2</p>	→ 468				
465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ..... 998</p>							
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467 (1)	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR ..... 26</p> <p align="center">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p align="center">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46</p> <p align="center">(SPECIFY)</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	
468	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p align="center">MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p align="center">MOST RECENT STILLBIRTH <input type="checkbox"/> → 474</p>		
469	<p>I would like to talk to you about checks on (NAME's) health – for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>After (NAME) was born, did any healthcare provider or a traditional birth attendant check on (NAME's) health?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	→ 473
470	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS ..... 1</p> <p>DAYS ..... 2</p> <p>WEEKS ..... 3</p> <p>DON'T KNOW ..... 998</p>	<table border="1" style="display: inline-table; width: 40px; height: 40px; vertical-align: middle;"></table>
471 (1)	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p><b>HEALTH PERSONNEL</b></p> <p>DOCTOR ..... 11</p> <p>NURSE/MIDWIFE ..... 12</p> <p>AUXILIARY MIDWIFE ..... 13</p> <p><b>OTHER PERSON</b></p> <p>TRADITIONAL BIRTH ATTENDANT ..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER ..... 22</p> <p>OTHER ..... 96</p> <p align="center">(SPECIFY)</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

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472 (1)	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p><b>HOME</b></p> <p>HER HOME ..... 11</p> <p>OTHER HOME ..... 12</p> <p><b>PUBLIC SECTOR</b></p> <p>GOVERNMENT HOSPITAL ..... 21</p> <p>GOVERNMENT HEALTH CENTER ..... 22</p> <p>GOVERNMENT HEALTH POST ..... 23</p> <p>OTHER PUBLIC SECTOR ..... 26</p> <p align="right">(SPECIFY)</p> <p><b>PRIVATE MEDICAL SECTOR</b></p> <p>PRIVATE HOSPITAL ..... 31</p> <p>PRIVATE CLINIC ..... 32</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 36</p> <p align="right">(SPECIFY)</p> <p><b>NGO MEDICAL SECTOR</b></p> <p>NGO HOSPITAL ..... 41</p> <p>NGO CLINIC ..... 42</p> <p>OTHER NGO MEDICAL SECTOR ..... 46</p> <p align="right">(SPECIFY)</p> <p>OTHER ..... 96</p> <p align="right">(SPECIFY)</p>																													
473	<p>During the first 2 days after (NAME)'s birth, did any healthcare provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Tell you how to recognize if your baby needs immediate medical attention?</p> <p>d) Talk with you about breastfeeding?</p> <p>e) Observe (NAME) breastfeeding?</p> <p>f) Tell you where you could get help with breastfeeding?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) CORD .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) TEMPERATURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) MEDICAL ATTENTION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TALK ABOUT BREASTFEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) OBSERVE BREASTFEEDING ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) HELP BREASTFEED .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) CORD .....	1	2	8	b) TEMPERATURE .....	1	2	8	c) MEDICAL ATTENTION .....	1	2	8	d) TALK ABOUT BREASTFEEDING .....	1	2	8	e) OBSERVE BREASTFEEDING ..	1	2	8	f) HELP BREASTFEED .....	1	2	8	
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474	<p>During the first 2 days after the birth, did any healthcare provider do the following to you:</p> <p>a) Measure your blood pressure?</p> <p>b) Discuss your vaginal bleeding with you?</p> <p>c) Discuss family planning with you?</p> <p>d) Ask if you are having any problems with urination, such as not being able to urinate or not being able to control your urination?</p> <p>e) Ask you if you had any pain?</p> <p>f) Ask if you feel sad or depressed?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BLOOD PRESSURE .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) BLEEDING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) FAMILY PLANNING .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) URINATION .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) PAIN .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) SAD OR DEPRESSED .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BLOOD PRESSURE .....	1	2	8	b) BLEEDING .....	1	2	8	c) FAMILY PLANNING .....	1	2	8	d) URINATION .....	1	2	8	e) PAIN .....	1	2	8	f) SAD OR DEPRESSED .....	1	2	8	
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475	<p>CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/> → 479</p>																														
476	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Has your menstrual period returned since the birth of (NAME)?</p> </div> <div> <p>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></p> <p>b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?</p> </div> </div>	<p>YES ..... 1</p> <p>NO ..... 2</p>																													



SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME OR DATE _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>	
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> → 479		
478	CHECK 405: PREGNANCY TYPE 1 <input type="checkbox"/> a) Have you had sexual intercourse since the birth of (NAME)? PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	YES ..... 1 NO ..... 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 MOST RECENT STILLBIRTH ..... 3 ABORTION/MISCARRIAGE ..... 5	→ 487
480	Did you ever breastfeed (NAME)?	YES ..... 1 NO ..... 2	→ 482
481	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 486 → 487
482	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY .....000 HOURS ..... 1 <input type="text"/> <input type="text"/> DAYS ..... 2 <input type="text"/> <input type="text"/>	
483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [INSERT COMMON DRINKS AND FOODS THAT MAY BE GIVEN TO NEWBORN INFANTS]?"	YES ..... 1 NO ..... 2	
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 487
485	Are you still breastfeeding (NAME)?	YES ..... 1 NO ..... 2	
486	Did [NAME] drink anything from a bottle with a nipple yesterday during the day or last night?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 501

#### SECTION 4. FOOTNOTES

- (1) Coding categories to be developed locally; however, the broad categories must be maintained.
- (2) Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder.
- (3) This question must capture all types of iron-containing supplements, including, for example, multiple micronutrient supplements in countries where these types of iron-containing supplements are available. Adapt the question wording to reflect all types of iron-containing supplements available in the country.
- (4) In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.
- (5) The question should be deleted in surveys in countries where there is no program for deworming.
- (6) This question measures cash or food assistance provided through a formal program implemented by the government, an NGO, a religious institution or other group. Adapt the question wording to include the local name(s) of these programs. Delete this question if the country does not have a wide-scale program offering cash or food assistance to pregnant women.
- (7) The question should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.
- (8) Fansidar is a brand name for the malaria medicine SP. There are also many other brand names for SP. If Fansidar is not a commonly known brand in the country, change "Fansidar" to the most commonly known brand name for SP, like this "SP/[NEW BRAND NAME]". Or you can simply delete "/Fansidar" and leave "SP" on its own.